

**Tracy Lynn Caekaert**

**DOB: May 21, 1966**

**PCL-5:** Mrs. Caekaert performed the PTSD Checklist for DSM-5 on January 6, 2022. She scored a 47 out of 80 possible points on this assessment which is a positive screen for PTSD. A generally accepted “cut off” range for this test is 31-33 and Ms. Caekaert scored well above this level indicating she would have screened positive even with a more stringent cut off score.

**LEC-5:** The Life Events Checklist for the DSM-5 is a screening tool designed to detect whether a person has been exposed to events that are potentially traumatic and may lead to the diagnosis/development of PTSD. Ms. Caekaert endorsed exposure, either by witnessing or having directly experienced, 7 out of 15 possible traumatic events.

**DES-II:** The examinee also completed the Dissociative Experiences Scale-II. This is a 28-item self-report measure of dissociative experiences. It is divided into three major categories of dissociation: absorption/imaginative involvement, amnesia, and depersonalization/derealization. The Dissociative Experiences Scale measures a wide variety of types of dissociation, including both problematic dissociative experiences, and normal dissociative experiences (e.g., daydreaming). Dissociative symptoms can be considered a transdiagnostic indicator of dysfunctional coping. Scores can be between 0 and 100, where high levels of dissociation are indicated by scores of 30 or more. Ms. Caekaert’s score is 11.8. For reference, the average score in the general population is 5.4 and for those with anxiety disorders, the average score is 7. People with schizophrenia average a score of 15.4. The average score for an individual with PTSD is 31. The average score for an individual with DID is 48.

**PSYCHOLOGICAL TESTING (testing and interpretation provided by Jonathan Bone, PsyD):**

**SUMMARY OF PSYCHOLOGICAL TESTING**

**\*\*Confidential\*\***

Test Interpretation for Tracy Caekaert

DOB: 05/21/1966

Age: 56

Date of Test Administration: 06/24/2022

Date of Report Summary: 08/03/2022

Tests Administered:

**Structured Inventory of Malingered Symptomatology (SIMS)**

**Minnesota Multiphasic Personality Inventory – Third Edition (MMPI-3)**

**Millon Multiaxial Clinical Inventory – Fourth Edition (MCMI-IV)**

**Behavioral Observations:**

Ms. Caekaert completed testing at the Billings, Montana public library due to her being unable to travel to Utah to complete testing. Counsel for Ms. Caekaert established a proctor at the library to ensure the testing was administered in a standardized fashion. Ms. Caekaert completed the MMPI-3 and the MCMI-IV via remote, on-screen administration and she completed the SIMS via paper and pencil as this test was mailed to the library prior to her appointment. My understanding is that Ms. Caekaert was on time for her appointment and cooperative throughout the testing administration.

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### **SIMS**

Ms. Caekaert completed the SIMS, a 75-item, true-false self-report screening measure designed to assess for symptom exaggeration. This instrument screens for exaggeration or malingering of psychological symptoms on five domains: Neurologic Impairment; Affective Disturbance (mood, anxiety, etc.); Psychosis; Low Intelligence; and Amnesic Disorders. Typically, a total cut-off score of 14 suggests the possibility of malingering and indicates whether further, more specific malingering assessment is needed. On this administration, Ms. Caekaert obtained a total score of 7, which was under the cutoff score. This suggests that, per this screener of malingering, Ms. Caekaert did not attempt to portray herself in an overly unfavorable light.

### **MMPI-3**

Ms. Caekaert completed the MMPI-3, a 338-item, true-false self-report measure of personality and emotional functioning. This test also assesses response style, to include levels of candor and levels of defensiveness/denial. Ms. Caekaert responded consistently to test item content and there is no evidence of under- or over-reporting psychopathology.

Findings from the MMPI-3 indicate the respondent reports several complaints related to her physical functioning. She is likely to complain of head pain and several ambiguous neurological concerns including poor balance, dizziness, weakness, numbness, and involuntary and uncontrolled movement. When under more significant stress respondents who produce similar profiles tend to develop somatic concerns. This respondent likely experiences a general sense of disquiet experienced through fatigue, weakness, and a feeling of incapacitation. Preoccupation with poor health and complaints of sleep and sexual disturbance often occur.

The test taker also endorsed experiencing dysfunctional negative emotions to include proneness to anger; anxiety; and fear. Individuals who score similarly are stress-reactive; prone to rumination and obsessive thoughts; experience intrusive ideation; are self-critical and perceive others as critical; and have problems with sleep to include nightmares.

This respondent endorsed a number of items reflecting persistent stress and worry. Individuals who score similarly tend to complain of constant stress and severe difficulty coping with stress to the extent that they feel they cannot control their levels of anxiety. Individuals who produce elevations on these scales tend to have experienced some degree of trauma in their past. This respondent also indicates they are prone to feeling angry and irritable; have low tolerance for frustration; holds grudges; and can engage in hostile behavior.

Finally, this respondent acknowledged having some conflictual familial relationship and to feel as though her level of family support is impoverished.

### **MCMI-IV**

Ms. Caekaert completed the MCMI-IV, a 195-item self-report measure of personality and emotional functioning. Ms. Caekaert produced a valid protocol and there was no indication of over- or under-reporting psychopathology.

This respondent endorsed experiencing somatic complaints. She is likely prone to stress and to experience fatigue often. There is some indication she is experiencing health problems related to chronic or recent illness. Results indicate this respondent experiences persistent feelings of melancholy and a general sense of hopelessness. There is a compulsive nature to their thought

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patterns and intrusive thoughts may occur. Thought content is likely negativistic and this respondent probably views the world through a pessimistic lens.

This respondent endorsed significant experience of general anxiety to include feeling tense frequently; having difficulty relaxing; experiencing intruding anxious thoughts; and tending to be startled easily. Individuals with similar anxious experience are prone to experiencing somatic complaints in response to stress.

Findings from this administration also reflect the experience of post-traumatic stress. Specifically, individuals who respond similarly have disturbed sleep to include insomnia and nightmares. Flashbacks related to a traumatic event are common as is the tendency for the person to avoid stimuli associated with a traumatic experience. Hypervigilance and/or exaggerated startle response are common as well. Individuals with a history of trauma can also experience some degree of turbulence in mood to include feelings of anger, which can be projected outward onto those around them.

Sincerely,



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Jonathan Bone, PsyD  
Licensed Psychologist  
Utah 6314549-2501

### **DISCUSSION REGARDING SEXUAL ABUSE ALLEGATIONS WITHIN THE JW RELIGION:**

In 2015, the Royal Commission into Institutional Responses to Child Sexual Abuse, in Case Study 54, disclosed that the Australia Branch of Jehovah's Witnesses had records of 1,006 alleged perpetrators of child sexual abuse (including 579 cases in which the alleged perpetrator confessed) relating to more than 1,800 victims since 1950, none of which were reported to police by the group. The Royal Commission found that the Jehovah's Witnesses did not respond adequately to child sexual abuse and did not adequately protect children from the risk of sexual abuse. In particular, the Royal Commission reported, "The organisation does not have a practice of reporting child sexual abuse to police or any other [secular/outside] authority."<sup>1</sup>

The United Kingdom's Independent Inquiry into Child Sexual Abuse (IICSA) was particularly critical of a biblical rule applied by the Jehovah's Witnesses religion requiring two witnesses before an allegation of abuse is considered by elders. The Jehovah's Witnesses gave evidence that it also has policies requiring allegations to be reported to the police when there is a legal duty to do so. However, the UK has no such "mandatory reporting law". IICSA strongly criticized the "two witness rule" ["The Bible says that there must be two or three witnesses before [church] judicial action can be taken"]<sup>2</sup>, saying it was likely to increase the suffering of victims, and failed to reflect the reality that "child sexual abuse is most often perpetrated in the absence of

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<sup>1</sup> ["Australia Royal Commission into Child Sexual Abuse - Submissions of Senior Counsel"](#). *Child Abuse Royal Commission*. March 2017.

<sup>2</sup> The Watchtower – November 1, 1995